

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF STATE
PUBLIC15 FEB -3 PM 3:26
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Gillibrand for Senate

ADDRESS (number and street) 236 Massachusetts Ave NE

Suite 110

Check if different than previously reported. (ACC) Washington DC 20002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00413914

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT

NY 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D

Y Y Y Y

in the State of

5. Covering Period M M / D D Y Y Y Y through M M / D D Y Y Y Y

10 01 2014 12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer Karen Feldman

Date

M M / D D Y Y Y Y

01 30 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use**FEC FORM 3**

15020084434